

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Request	925	12/4/00
RESPONSE FORMALITY REVIEW			03-14-01

INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	50.92.91
2	✓	✓	50.92.91
3	✓	✓	50.92.91
4	✓	✓	50.92.91
5	✓	✓	50.92.91
6	✓	✓	50.92.91
7	✓	✓	50.92.91
8	✓	✓	50.92.91
9	✓	✓	50.92.91
10	✓	✓	50.92.91
11	✓	✓	50.92.91
12	✓	✓	50.92.91
13	✓	✓	50.92.91
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44	✓	✓	50.92.91
45	✓	✓	50.92.91
46	✓	✓	50.92.91
47	✓	✓	50.92.91
48	✓	✓	50.92.91
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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